## UNITED STATES DISTRICT COURT

## DISTRICT OF OREGON

Empower Clinic Services, L.L.C.			Case No.: 3:2	25-cv-00514-HZ		
		Plaintiff(s),				
v.				MOTION FOR LEAVE TO APPEAR PRO HAC VICE		
LegitScript L.L.	C.					
		Defendant(s).				
Attorn	ey Rebec	ca Ou	requests	special admission pro	) hac	
vice to the Bar	r of the U	nited States Dis	strict Court for the District of	Oregon in the above-		
captioned case	e for the p	ourposes of repr	esenting the following party	(or parties):		
Empower Clini	c Services	, L.L.C.				
In sup	port of thi	s application, I	certify that: 1) I am an activ	ve member in good sta	inding	
with the New	York	_ State Bar; and	d 2) that I have read and am	familiar with the Fede	eral	
Rules of Evid	ence, the		of Civil and Criminal Proced			
		Statement of Pr				
•			to the Bar of the United Sta	tes District Court for t	the	
		•	pose of litigating in the abov			
		nclusion of the		o manor and win so		
•			matter.			
(1)	PERS(	ONAL DATA:				
	Name:		Rebecca	(2.00)	/G (CC)	
		(Last Name)	(First Name)	(MI)	(Suffix)	
			n: Winston & Strawn			
	Mailing	g address: 200	Park Ave. Fl. 40			
	City: No	ew York	State	:NY Zip: 10	)166	

Phone number: (212) 294-3346 Fax number: (212) 294-4700

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Business e-mail address: ROu@winston.com

	(a)	State bar admission(s), date(s) of admission, and bar number(s): New York, 5/20/2024, License No. 6108807			
	<b>(b)</b>	Other federal court admission(s) and date(s) of admission:  N/A			
(3)	CER	TIFICATION OF DISCIPLINARY ACTIONS:			
V	I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.				
	I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)				
(4)	<b>CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:</b> Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.				
(5)	I acki mana applie	M/ECF REGISTRATION: cknowledge that I will become a registered user of the Court's case anagement and electronic case filing system (CM/ECF) upon approval of this plication, and I consent to electronic service pursuant to Fed. R. Civ. P. b)(2)(E) and the Local Rules of the District of Oregon.			
		<b>rney Seeking</b> <i>Pro Hac Vice</i> <b>Admission:</b> I have read and understand the 3-3, and I certify that the above information is true and correct.			

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## REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for pro hac vice admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1.

To request a waiver of the requirement to associate with local counsel under LR 45-1, check the following box: I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request a waiver of the LR 83-3(a)(1) requirement to associate with local counsel and therefore do not include a certification from local counsel with this application. To associate with local counsel, provide the following information about local counsel, and obtain the signature of local counsel. Name: Snider Timothy (Last Name) (First Name) (MI)(Suffix) OSB number: 034577 Agency/firm affiliation: Stoel Rives LLP Mailing address: 760 SW Ninth Avenue, Suite 3000 State: OR Zip: City: Portland Phone number: (503) 224-3380 Fax number: (503) 220-2480 Business e-mail address: timothy.snider@stoel.com CERTIFICATION OF ASSOCIATE LOCAL COUNSEL: I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in case number 3:25-cv-00514-HZ (D.Or.) . DATED: 03/28/2025

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